

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

422,13

FILING DATE

10-17-89

APPLICANT(S)

Dublerasmpath

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4		3		1			54						
5		3		1			55						
6		3		1			56						
7		2		1			57						
8		3		1			58						
9		3		1			59						
10		3		1			60						
11		3		1			61						
12		3		1			62						
13		3		1			63						
14		3		1			64						
15		3		1			65						
16		3		1			66						
17		3		1			67						
18		3		1			68						
19		3		1			69						
20	1						70						
21		1		1			71						
22		1					72						
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